

GROUND RULES

THE SESSIONS ARE FOR EVERYONE
TO ENJOY AND LEARN FROM

- Work **TOGETHER** as a group.
- **SUPPORT** each other in getting the most from the sessions.
- **RESPECT** other people's opinions.
- There is no such thing as a **STUPID** question.
- Unless otherwise stated:
**WHAT IS SAID IN THE ROOM
STAYS IN THE ROOM**

OCCUPATIONAL EXPOSURE

LEARNING OBJECTIVES

AT THE END OF THIS MODULE PARTICIPANTS SHOULD BE ABLE TO:

- Understand what occupational exposure means.
- Understand how occupational exposure can occur.
- Assess the risk of occupational exposure.
- Understand how occupational exposure can be prevented.
- Understand the importance of safe practices to reduce risk.
- Understand the need for fast response to occupational exposures.
- Incorporate safe procedures into daily occupational routines.

DIFFERENCE BETWEEN OCCUPATIONAL EXPOSURE AND AN INFECTION

THERE ARE DISTINCT DIFFERENCES BETWEEN AN OCCUPATIONAL EXPOSURE AND AN INFECTION.

OCCUPATIONAL EXPOSURE

An event that results in exposure to a potentially infectious organism.

AN INFECTION

When an organism has been able to enter the body and cause an infection.

**EXPERIENCING AN OCCUPATIONAL EXPOSURE DOES NOT
MEAN YOU ARE LIKELY TO BECOME INFECTED.**

RISK OF AN ORGANISM ENTERING THE BODY

HIGHEST RISK

- Organism able to enter directly into the bloodstream from a hollow-bore needle.
- Organism present on a sharp instrument tainted with blood.
- Organism present on an instrument that has been in contact with blood.

HIGH RISK

- Organism present in blood and able to enter through broken skin.
- Organism present in blood and able to enter through eyes, nose or mouth.

LOWER RISK

- Organism present in body fluid (other than blood) and able to enter through broken skin. .
- Organism present in body fluid (other than blood) and able to enter through eyes, nose or mouth.

VERY LOW RISK

- Organism present in any body fluid and in contact with unbroken skin.

BLOOD BORNE VIRUSES: TRANSMISSION & PREVENTION

TRANSMISSION

Unprotected vaginal, anal or oral sex (including rimming).

Sharing sex toys and/or lubricant.

Sharing needles.

Sharing injecting equipment: syringes, filters, spoons, cookers, foil.

Sharing tattooing or piercing equipment: needles, ink, ink-pots, jewellery.

Sharing personal items: razors, clippers, scissors, tooth picks.

Sharing drug snorting or smoking equipment.

Injury from a contaminated needle or sharp instrument.

Exposure to a blood spill.

From infected blood or blood products (in some countries of the world).

From an infected mother to her baby.

PREVENTION

Use a condom or Femidom for vaginal or anal sex and a condom or dental dam for oral sex.

Don't share sex toys or lubricant.

Don't share needles.

Don't share injecting equipment.

Ensure any tattooing or piercing equipment, including inks, are new or thoroughly sterilised - never share jewellery.

Don't share personal items, use a clipper guard - clean the blades/guard between each use.

Don't share drug snorting or smoking equipment.

Take adequate precautions when dealing with a needle or sharp instrument.

Take adequate precautions when dealing with a blood spill.

Find out the safety of blood in a country prior to travelling.

Get tested to know your status prior to or during pregnancy.

SAFER PRACTICES: BEING PREPARED

- 1. WHAT IS THE TASK?**
- 2. WHAT ARE THE POTENTIAL RISKS?**
- 3. WHAT ELEMENTS OF THE ENVIRONMENT MAY INFLUENCE RISK? E.G. CONFINED SPACE, LOTS OF PEOPLE, AGGRESSIVE MOODS**
- 4. HOW WOULD YOU BRIEF COLLEAGUES?**
- 5. HOW WOULD YOU PREPARE FOR THE TASK?**
- 6. HOW WOULD YOU EXERCISE THE TASK?**
- 7. WHAT WOULD YOU INCLUDE IN YOUR DEBRIEF?**

OCCUPATIONAL EXPOSURE: QUALITY & QUANTITY OF VIRUS

HIV IN BLOOD

SURVIVAL OUTSIDE THE BODY

In dry blood the virus can survive for up to 6 days in laboratory conditions:

QUANTITY OF VIRUS IN BLOOD

1 millilitre of blood contains 200-10,000 particles of virus.

RISK OF INFECTION FOLLOWING NEEDLE STICK INJURY

Low - 0.3% - 3 people in 1,000.

RISK OF INFECTION FOLLOWING EYE SPLASH

Low.

HEPATITIS C IN BLOOD

SURVIVAL OUTSIDE THE BODY

Little is known but likely to be the same as hepatitis B, up to 10 days:

QUANTITY OF VIRUS IN BLOOD

1 millilitre of blood contains 1,000 - 10,000 particles of virus.

RISK OF INFECTION FOLLOWING NEEDLE STICK INJURY

Medium - 3% - 3 people in 100.

RISK OF INFECTION FOLLOWING EYE SPLASH

Low.

HEPATITIS B IN BLOOD

SURVIVAL OUTSIDE THE BODY

In dry blood the virus can survive for up to 10 days:

QUANTITY OF VIRUS IN BLOOD

1 millilitre of blood contains 100,000,000 particles of virus.

RISK OF INFECTION FOLLOWING NEEDLE STICK INJURY

Very High - 30% - 3 people in 10.

RISK OF INFECTION FOLLOWING EYE SPLASH

High.

* Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. MMWR Recommendations and Reports, June 29, 2001 / 50(RR11);1-42. Centers for Disease Control and Prevention

TESTING PROCEDURES FOLLOWING OCCUPATIONAL EXPOSURE TO A BLOOD BORNE VIRUS

THESE ARE ONLY GUIDELINES (SOME ESTABLISHMENTS MAY HAVE THEIR OWN PROCEDURES):

- An assessment to establish risk of a BBV.
- An explanation of how, why, where and when test(s) will be undertaken.
- An explanation of when results can be expected and what they will mean.
- An explanation of the need for follow-up tests.
- Get written consent.
- Blood taken and sent to laboratory.
- Test results return.
- Post-test discussion to inform of result and meaning.
- Follow-up test after 3 and 6 months to confirm results.